Kansas Department on Aging

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		N089001	B. WING		03/19/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BREWST	ER HEALTH CENTER	1001 SW 2 TOPEKA,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	:
S 000	INITIAL COMMENTS	3	S 000			
	The following citation an Assisted Living/Re Licensure resurvey.	s represent the findings of esidential Healthcare				
S3225 SS=D	26-41-205 (I) Medicat Frequency	tion Regimen Review	S3225			
	(I) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition.					
	by: The facility identified of the sample included observation, record refacility failed to ensurate were reviewed by a p	is not met as evidenced a census of 25 residents. 3 residents. Based on eview, and interview the e the resident's medications sharmacists at least quarterly hange for 1 (#103) of the				
	Findings included:					
	a reviewed date of 2/2	nt for medical care and				
	The medication regim	nent review revealed the				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BREWSTI	ER HEALTH CENTER	1001 SW						
		TOPEKA,	KS 66611					
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S3225	medication on the dat The pharmacist's note revealed the resident health center due to spotentially life-threate infection which occurs into the bloodstream inflammatory respons a urinary tract infection frame of July 2014 the bleed (bleeding into the bleed (bleeding into the bleed (bleeding into the tract). Observation on 3/19/1 resident sat in a reclin watching television. Interview on 3/19/15 a staff A and administratinely acknowledged the medication regimen resident was reviewed pharmacist at least quely he/she spoke with the send over documentar review between 4/23/ Interview on 3/23/15 a pharmacist JJ revealed him/her this resident the change he/she would review the resident. On typically each resident quarterly and staff cal concerns with the residents with the resident of the pharmacist and staff cal concerns with the resident of the pharmacist of the p	treviewed the resident's les of 4/23/14 and 10/27/14. Les for his/her 10/27/14 visit had been the facility's sepsis (Sepsis is a ning complication of an swhen chemicals released to fight the infection trigger les throughout the body) and in (UTI) during the time en had a gastrointestinal ne stomach and/or digestive at 3:30 P.M. revealed the ner in his/her apartment at 3:50 P.M. administrative tive nursing staff D revealed he resident's monthly eview lacked evidence the diby the consultant fuarterly. Staff D reported a pharmacy and they would attion of the pharmacist's 14 and 10/27/14. Let 2:23 P.M. with consultant and if the facility had notified had sustained a significant have come to the facility to consultant staff JJ reported t was reviewed at least led to notify him/her if they idents between visits.	S3225					
	demonstrate that the	assisted living facility						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMIL	LILD		
		N089001	B. WING		03/1	9/2015	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE			
BREWSTE	R HEALTH CENTER	1001 SW 29 TOPEKA, K					
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S3225	The policy provided be approved date of 10-medication regimen reliving and home health reviewed quarterly. The facility failed to econducted a medicating quarterly for this residuant policy facility facility facility for the facility facility for the facility facility for the facility facility for the facility for the facility facili	n regimen review was and with significant change. By the facility with an	S3225				
\$3280 \$S=D	disaster and emerger ensuring the performa (1) Orientation of new employment to the far management plan; (2) education of eadmission to the facili procedures; (3) quarterly review of management plan with and (4) an emergency drill at least annually with drill shall include evacus secure location.	or or operator shall ensure incy preparedness by ance of the following: or employees at the time of cility 's emergency each resident upon ity regarding emergency of the facility 's emergency the employees and residents; and residents. This cuation of the residents to a	\$3280				
	This REQUIREMENT	is not met as evidenced					

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SW 29TH 8T 1002 SW 20TH 8T 1003	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
Description	N089001		B. WING		03/19/2015		
CALL	NAME OF PI	ROVIDER OR SUPPLIER			ITE, ZIP CODE		
PREERX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	BREWSTE	ER HEALTH CENTER					
by: The facility identified a census of 25 residents. Based on observation, record review, and interview the facility failed to complete an annual emergency drill including evacuation of the residents to a secure location. Findings included: - Observation on 3/19/15 at approximately 12:00 P.M. revealed the facility's disaster plan was posted by the elevators upstairs and downstairs on the wall. Interview on 3/19/15 at 2:10 P.M. with safety and security staff X revealed the facility performed monthly fire drills and at least annual tornado drills but was unable to locate documentation of an annual evacuation drill. The policy provided by the facility with an approved date of 10-19-2011 regarding evacuation of elders to a temporary shelter failed to address the need for an annual evacuation drill to be completed. The policy provided by the facility with a revised date of 8/12/14 regarding emergency management staff training failed to address the need for an annual evacuation of residents failed to address the need for an annual evacuation of residents failed to address the need for an annual evacuation of residents failed to address the need for an annual evacuation of residents failed to address the need for an annual evacuation of residents failed to address the need for an annual evacuation of residents failed to address the need for an annual evacuation drill to be completed. The policy provided by the facility with a revised date of 8/12/14 fire safety - evacuation of residents failed to address the need for an annual evacuation drill to be completed.	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
date of 8/29/2011 regarding tornado watch or warning failed to address the need for an annual	\$3280	by: The facility identified a Based on observation interview the facility fa emergency drill includ residents to a secure Findings included: - Observation on 3/19 P.M. revealed the fac posted by the elevato on the wall. Interview on 3/19/15 a security staff X reveal monthly fire drills and drills but was unable to an annual evacuation The policy provided b approved date of 10- evacuation of elders to to address the need for to be completed. The policy provided b date of 8/12/14 regard management staff tra need for an annual evacuation of the policy provided b date of 8/12/14 fire services are sidents failed to add evacuation drill to be The policy provided b date of 8/29/2011 reg The policy provided b date of 8/29/2011 reg	a census of 25 residents. In, record review, and ailed to complete an annual ding evacuation of the location. 9/15 at approximately 12:00 cility's disaster plan was burs upstairs and downstairs at 2:10 P.M. with safety and led the facility performed at least annual tornado to locate documentation of a drill. by the facility with an 19-2011 regarding to a temporary shelter failed for an annual evacuation drill or the facility with a revised ding emergency lining failed to address the vacuation drill to be by the facility with a revised afety - evacuation of dress the need for an annual completed. by the facility with a revised afety - evacuation of dress the need for an annual completed. by the facility with a revised parding tornado watch or	\$3280			

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S3280	Continued From page	2 4	S3280					
	evacuation drill to be	completed.						
	The facility failed to co the residents to a sec annually.	omplete an evacuation of cure location at least						